

INTRODUCTION

The DHS-324, Adult Services Comprehensive Assessment is the primary tool for determining the need for services. The comprehensive assessment must be completed on all Adult Community Placement (ACP) cases.

ASCAP, the automated workload management system provides the format for the comprehensive assessment and all information must be entered on the computer program.

REQUIREMENTS

Requirements for the comprehensive assessment include, but are not limited to:

- A comprehensive assessment will be completed on all new cases.
- A face-to-face contact is required with the client at the Adult Foster Care or Home for the Aged (AFC/HA) facility.
- An interview must be conducted with the home manager/owner.
- A face-to-face assessment is required on all transfer-in cases before a payment is authorized.
- Observe a copy of the client's social security card when assisting the client to obtain Medicaid (the AFC/HA may already have a copy in their files).
- Secure the provider's signature on the ACP Service Plan **DHS-324-B**.

Note: The client should sign the **DHS-324-B** form if present during this portion of the process. Provide a final copy of the Service Plan, **DHS-324-A** to the client with all signatures on the Service Plan signature page, **DHS-324-B**, and place a copy in the case record. A copy must be provided within five business days of the assessment or review date to the AFC/HA facility.

- A copy of the initial assessment and all review assessments thereafter need to be in the case file since ASCAP does not contain history of past review information.

- The comprehensive assessment indicates a functional limitation of **level 2** or greater in at least one ADL and/or the IADL of medication, then eligibility for the personal care supplement is established.
- The assessment must be updated as often as necessary, but at minimum at each six month review.
- The assessment is confidential and must be kept separate from companion adult protective services cases; **see SRM-131, Confidentiality.**

A release of information must be obtained when requesting documentation from confidential sources and/or sharing information from the department.

- Use the **DHS-27, Authorization to Release Information**, when requesting client information from another agency.
- Use the **DHS-1555-fp, Authorization to Release Protected Health Information**, if requesting additional medical documentation. This form is primarily used for APS cases.

FUNCTIONAL ASSESSMENT

The Functional Assessment module of the ASCAP comprehensive assessment is the basis for service planning and for the personal care supplement payment.

Conduct a functional assessment to determine the client's ability to perform the following activities:

Activities of Daily Living (ADL)

- Bathing.
- Dressing.
- Eating.
- Grooming.
- Mobility
- Toileting
- Transferring.

Instrumental Activities of Daily Living (IADL)

- Taking Medications.

The only IADL that will be ranked for the client in the AFC/HA setting is **Medications**. Licensed AFC/HA settings are responsible by licensing rules to keep client **prescriptions** and **any over-the-counter (OTC) medications** in a locked container or area. The medications are distributed to the client at the appropriate time. Functional assessment rank for medications is a 5.

All of the IADLs should be ranked in the ACP Function module based on the comprehensive assessment with the client even if the adult AFC/HA is providing the assistance as a part of their monthly housing fee.

Functional Ranking Scale

ADLs and IADLs are assessed according to the following five point scale:

1. Independent.

Performs the activity safely with no human assistance.

2. Verbal Assistance.

Performs the activity with verbal assistance such as reminding, guiding or encouraging.

3. Some human assistance.

Performs the activity with some direct physical assistance and/or assistive technology.

4. Much human assistance.

Performs the activity with a great deal of human assistance and/or assistive technology.

5. Dependent.

Does not perform the activity even with human assistance and/or assistive technology.

Personal Care

Personal care services (for Title XIX payments) are paid using Medicaid Title XIX funds for Medicaid recipients. Below are definitions of personal activities of daily living:

- **Bathing:** The process of washing the body or body parts, including getting to or obtaining the bathing water and or equipment whether this is in bed, shower, or tub.
- **Dressing:** The process of putting on, fastening, and taking off all items of clothing, braces, and artificial limbs that are worn daily by the individual. This includes obtaining and replacing the items from their storage area in the immediate environment. Clothing refers to the clothing usually worn daily by the individual. Individuals who wear pajamas or gowns with robes and slippers as their usual attire are considered dressed.
- **Eating/Feeding:** The process of getting food by any means from the receptacle (plate, cup, glass) into the body. This activity describes the process of eating after food is placed in front of an individual.
- **Grooming:** The activity associated with maintaining personal hygiene and keeping one's appearance neat, including care of teeth hair, nails, skin, etc.
- **Mobility:** The process of moving about on foot or by means of a device.
- **Toileting:** The process of getting to and from the toilet room for elimination of feces and urine, transferring on and off the toilet, cleansing self after elimination, and adjusting clothes. A commode in any location may be considered the toilet room only if in addition to meeting the criteria for toileting the individual empties, cleanses, and replaced the receptacle without assistance from another person(s).
- **Transferring:** The process of moving horizontally and/or vertically between the bed, chair, wheelchair, and/or stretcher.
- **Assistance with self-administered medication:** The process of assisting the client with medications which are ordinarily self-administered, when ordered by the client's physician.

Domiciliary Care

Domiciliary Care. Supplemental Security Income (SSI) or State Disability (SDA) Payment--Domiciliary care means that the client is in need of supervision only, has no need for personal care (ADL) and has no medication (including over the counter-OTC-medications).

Definition of Personal Care

There are three different definitions of personal care in a licensed setting. Each is described below to clarify differences:

- **SSI/SDA personal care** establishes the basis for authorizing the SSI/SDA payment rate for the client. For this purpose, personal care means need for assistance with activities of daily living (ADL), supervision of medication, or supervision because of extensive behavior problems in addition to room and board.
- **MA Title XIX personal care** establishes client eligibility for a provider payment. For this purpose, personal care means the need for assistance with ADL, including verbal prompts or supervision or IADL medication. Consequently clients can be eligible for and receive SSI personal care rate because of behavior problems and not be eligible for MA personal care Title XIX personal care supplement.
- **AFC Licensing** definition of personal care establishes an expectation for Adult Foster Care licensees. For this purpose, personal care means personal assistance provided by the licensee or an agent or employee of the licensee to a client who requires assistance. This includes guiding and directing with dressing, personal hygiene, grooming, maintenance of a medication schedule as directed and supervised by the client's physician, or the development of those personal and social skills required living in the least restrictive environment. Consequently, a client may be appropriate for care in an AFC facility and be ineligible for both SSI at the personal care rate and MA personal care.

Specialized Needs

Specialized needs must be authorized by Bureau of Community and Health Services (BCHS) before they can be offered to any client wishing to live in a licensed AFC/HA. The licensing board will give a facility special certification for developmental or mentally ill residents. This certification is used for facilities wishing to utilize Community Mental Health funds; **see ASM-050, ACP Legal Statute, Definitions, and Facility descriptions.**

Complex Care

Complex care tasks can be assessed for a resident whose medical diagnoses or conditions require more management. There is no

additional payment available to the AFC/HA setting for these extra services and the facility or home should indicate they are trained to deliver complex care needs. The client service plan should list any complex care provided by the AFC/HA setting. The adult services worker must document the training or knowledge obtained to provide the complex care service.

The adult services worker must assist the adult in seeking out alternative assistance if they have complex care needs. The **MI Choice** waiver program is available for a complex care client living in a licensed setting as well as various programs through the Community Mental Health (CMH) agency; **see ASM-085, Coordination with other Agencies.**

Note: Most AFC/HA's are not specially licensed, staffed or equipped to provide complex care needs so it is important to check prior to moving into the setting. Complex care needs are as follows:

- Bowel program.
- Catheters or leg bags
- Colostomy care.
- Eating and feeding (by special device, tubes, bags, massaging).
- Injections
- Peritoneal dialysis.
- Range of motion exercises.
- Respiratory treatment.
- Specialized skin care.
- Suctioning.
- Ventilators.
- Wound care.

Time and Task

Clients in Adult Foster Care (AFC) facilities, congregate care homes, or Home for the Aged (HA) qualify for the personal care supplement payment if assessed at **a level 2, verbal prompt** or

higher. **All level of ability must** accurately be documented in ASCAP to reflect the personal care needs of the client. Unlike the Independent Living Services (ILS) program, in ACP there is only a flat rate amount of personal care supplement paid monthly to the AFC/HA qualified resident for each ranked task. To find the current personal care supplement payment amount; **see ASM-077, ACP SSI/SDA Provider Rates.**